



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TN 37247-1010**

**TENNESSEE BOARD OF NURSING
Local (Nashville Calling Area) 615 532-3202
Nationwide (toll free) 1-800-778-4123**

**LICENSED PRACTICAL NURSE
INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT**

It takes approximately 4 to 6 weeks for a temporary permit to be issued. If additional information is required you will be notified by mail. It is not necessary to call the board to check on the status of your application. Go to tennessee.gov/health, click on verification.

Licensure by endorsement in Tennessee is granted on an individual basis. With the exception of a person licensed during the initial waiver period in another U.S. jurisdiction (state), an applicant must be a graduate of an approved school of practical nursing and licensed by written examination.

- o An applicant shall have general education equivalent to that required for Tennessee candidates for licensure by examination at the time the applicant was accepted for licensure in another jurisdiction.
- o An applicant shall have substantially the same course of study as set by the Board for Tennessee schools of practical nursing at the time the applicant was accepted for licensure by examination in another jurisdiction.
- o The Tennessee Board of Nursing accepts the State Board Test Pool Examination (SBTPE) or National Council Licensure Examination (NCLEX-PN) provided scores are equal to the lowest passing scores required by this Board.

1. COMPACT STATE

Please read all instructions and determine your Primary State of Residence before completing any applications.

Primary State of Residence

- (a) If your primary state of residence is a compact state: You must apply for licensure by endorsement in your primary state of residence or in a non-compact state.
- (b) If your primary state of residence is Tennessee or a non-compact state: You may apply in Tennessee for licensure by endorsement.

DEFINITION: "PRIMARY STATE OF RESIDENCE" means the state of a person's declared fixed permanent and principle home for legal purposes; domicile. The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return.

APPLICANTS IN COMPACT STATES

If you now live in a compact state and are moving to Tennessee, you may practice in Tennessee for 30 days on your compact state license. FOR A CURRENT LIST OF STATES IN THE COMPACT, CHECK THE FOLLOWING WEB SITE:

www.ncsbn.org and follow the link to the Nurse Licensure Compact Map.

To apply for licensure, you must submit the following:

- 2. APPLICATION.** Complete all sections.
- 3. Affix one (1) professional passport type (2½" x 2½") photograph.**
 - a) Vending machines, snapshots or ID photographs are not acceptable.
 - b) Straight on pose including head and shoulders.
 - c) Legal signature and date on front of photograph - signature must not conceal face.
 - d) Date the photograph was taken must be no more than six months prior to date of application.
- 4. Sign Affidavit at the bottom of page 3 in the presence of a Notary Public.**

5. Attach a copy of your **nursing diploma** or **nursing transcript**.

6. **LICENSURE FEE.**

Attach the correct fee in U.S. currency. **Check or money order must be made payable to the Tennessee Board of Nursing.**

- | | | |
|----|----------------------|--|
| a. | Licensure Fee | \$105.00 |
| b. | State Regulatory Fee | 10.00 |
| c. | Permit Fee | <u>25.00</u> (Include only if applying for a permit) |
| | | \$140.00 |

FEES SUBMITTED TO THE BOARD ARE NOT REFUNDABLE

7. **TEMPORARY PERMIT.**

If you have a current active license you may wish to request a temporary permit (follow directions on page 4 of application). This permit allows you to practice nursing while the endorsement process is being completed. **The Permit is valid for six (6) months.** You may expect to receive your **temporary permit in approximately four (4) to six (6) weeks.**

8. **VERIFICATION FORM**

If you were originally licensed in one of the states listed on the enclosed NURSYS License Verification Request Form, follow the instructions on that form. Please mail fee and NURSYS form to the Chicago, Illinois address.

If you were originally licensed in a state not included or listed on the enclosed NURSYS form, mail the document entitled **VERIFICATION FORM** to the licensing agency in the state where you were originally licensed. Please supply your full name (as licensed), current address and original license number so that your records can be readily located. The licensing agency will complete the form and return it directly to this office. Some states charge a fee for this service go to www.ncsbn.org and click on boards of nursing contact information for board address, telephone number and web sites.

9. **REFRESHER COURSE.**

If you have not worked in nursing for five (5) or more years you will be sent special instructions.

APPLICATION COMPLETION REMINDER:

		YES	NO
1.	Completed application form (notarized);	<input type="checkbox"/>	<input type="checkbox"/>
2.	Licensure and Regulatory Fee (\$115.00);	<input type="checkbox"/>	<input type="checkbox"/>
3.	Photograph – signed and dated on the front;	<input type="checkbox"/>	<input type="checkbox"/>
4.	Verification form sent to state of original licensure;	<input type="checkbox"/>	<input type="checkbox"/>
5.	Copy of your nursing diploma or nursing transcript; and	<input type="checkbox"/>	<input type="checkbox"/>
6.	If you wish a temporary permit also include: a) Completed permit application, b) Permit fee (\$25.00), and c) Photocopy of a nursing license with a current expiration date.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Foreign educated nurses should also include: a) Copy of Certificate on Graduates of Foreign Nursing School or b) School transcript	<input type="checkbox"/>	<input type="checkbox"/>
8.	Requested court records (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>

If you change your address, it is your responsibility to notify this office.

If you change your name, you must submit a copy of the legal document that changed your name. Fax to (615) 741-7899.

Your application is not complete and you cannot be issued a license until the completed verification form is received by the Tennessee Board of Nursing. Please contact the Board if you have not received a license within four (4) months from the date of application.

IT IS ILLEGAL TO PRACTICE NURSING IN THE STATE OF TENNESSEE WITHOUT A VALID TEMPORARY PERMIT OR ACTIVE LICENSE OR A MULTI-STATE LICENSE FROM ANOTHER COMPACT STATE.

PHOTOGRAPH
NOT TO EXCEED
2½" x 2½"
PASSPORT TYPE

GLUE PHOTOGRAPH HERE
SIGNED AND DATED ON THE
FRONT BY APPLICANT

Date taken must be no more than six
months prior to application date

Tennessee Board of Nursing
First Floor, Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37247-1010



1703 001 - \$105.00
1703 006 - \$ 10.00
1703 001 - \$ 25.00
\$140.00

Application for Licensure as a Licensed Practical Nurse by Endorsement

HAVE YOU EVER BEEN LICENSED AS A LICENSED PRACTICAL NURSE IN TENNESSEE?
IF YES, CONTACT THIS OFFICE. DO NOT COMPLETE THIS FORM.

☐ YES ☐ NO

FEES ARE NOT REFUNDABLE

TO BE COMPLETED IN INK BY APPLICANT **Print or Type** Please refer to instruction sheet when completing the application.
ALL QUESTIONS MUST BE COMPLETED.

1. Name _____
LAST FIRST MIDDLE MAIDEN
2. List any other names by
which you have been known _____
LAST FIRST MIDDLE
3. Social Security Number _____ Telephone Number _____
HOME OFFICE
4. Place of Birth _____ Date of Birth _____ Gender: ☐ Female ☐ Male
City State
5. Ethnic Group: ☐ White ☐ Black ☐ Native American Indian ☐ Asian ☐ Hispanic ☐ Other, Specify _____
6. Address to where you want license mailed:

(Street/PO Box/Route) (City/State/Zip)

7. PRIMARY STATE OF RESIDENCE

I declare that my primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principle home for legal purposes and is my domicile. **The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return.** If you indicated another compact state as your primary state of residence, but will be moving to Tennessee and declaring Tennessee as your primary state of residence please indicate: YES ☐ and date _____

8. General Education:

High School Graduate ☐ Yes ☐ No Date of Diploma _____
G.E.D. Equivalency ☐ Yes ☐ No Date Test Administered _____

9. Practical Nursing Education:

9.1 _____
NAME OF PRACTICAL NURSING SCHOOL GRANTING CERTIFICATE

ADDRESS STREET CITY STATE ZIP CODE
Length of Program _____ Date of Enrollment _____ Completion Date _____

9.2 Did you complete a course in pharmacology and the administration of medications in your nursing program or in a continuing education program? ☐ Yes ☐ No

10. Original Practical Nurse Licensure

- 10.1 In what state were you originally licensed as a Practical Nurse?
State _____ Date _____ License No. _____
- 10.2 How were you licensed in the original state of licensure? ☐ Examination ☐ Endorsement ☐ Waiver
- 10.3 Indicate all states where you have been licensed _____

11. Have you written a national licensing examination? ☐ Yes ☐ No If yes, please indicate State _____ Date _____
Month/Day/Year

Some states offer either a state constructed examination for licensure or the national licensing examination. The national licensing examination was previously known as the State Board Test Pool Examination (S.B.T.P.E.) and is currently known as the National Council Licensure Examination (NCLEX-PN).

12. Have you ever been licensed in any other health care profession? ☐ YES ☐ NO If **yes**, please identify profession and state

13. **Disciplinary Action**

13.1 Have you ever had a nursing license or any other professional license, certificate or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction? ☐ YES ☐ NO

13.2 If **yes**, please identify the state where the action was originally taken _____
State

14. Are you currently in good physical and mental health? (Include any physical or mental limitations) ☐ Yes ☐ No If **no**, please explain:

15. **Conviction of a Crime**

15.1 Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation? ☐ Yes ☐ No
If **yes**, please submit a certified copy of the warrant and judgment or conviction papers and evidence of completion of fines, restitution, probation, and a self letter that describes circumstances that resulted in arrest and conviction.

15.2 If **yes**, specify date and type of conviction.

Date _____ Type of Conviction _____
Month/Day/Year

16. **List employment as a licensed practical nurse during the last five years.**

THIS QUESTION MUST BE ANSWERED COMPLETELY.

Employer/ Agency	Mailing Address (City and State)	Position Held	Employment Dates (Month/Year) Beginning/Ending
16.1			
16.2			
16.3			
16.4			
16.5			

17. What is your *anticipated nursing position* in Tennessee? _____
POSITION

Name and complete mailing address of prospective employer (if known) _____

18. What is your activity (work) status in the nursing profession?
(Working in this profession also includes teaching, administration and research). Check only one.
- | | |
|--|---|
| <input type="checkbox"/> = Working full time in Nursing (1) | <input type="checkbox"/> = Not worked in Nursing for at least 2 years but less than 5 years (4) |
| <input type="checkbox"/> = Working part time in Nursing (2) | <input type="checkbox"/> = Not worked in Nursing for 5 years or more (5) |
| <input type="checkbox"/> = Not worked in Nursing for less than 2 years (3) | <input type="checkbox"/> = Official Use Only (6) |
19. Please indicate your major practice area in nursing.
- | | |
|--|---|
| <input type="checkbox"/> = Community/Public Health (1) | <input type="checkbox"/> = Critical/Intensive Care (8) |
| <input type="checkbox"/> = Surgical/Operating Room (2) | <input type="checkbox"/> = Emergency Service (9) |
| <input type="checkbox"/> = Geriatric (3) | <input type="checkbox"/> = General Practice (11) |
| <input type="checkbox"/> = Obstetric/Gynecologic (4) | <input type="checkbox"/> = Administrative/Management (12) |
| <input type="checkbox"/> = Medical/Surgical (5) | <input type="checkbox"/> = Education (13) |
| <input type="checkbox"/> = Pediatric (6) | <input type="checkbox"/> = Primary Care (14) |
| <input type="checkbox"/> = Psychiatric/Mental Health (7) | <input type="checkbox"/> = Other, Please Specify (10) |
-
20. Please indicate your principal setting of employment in nursing.
- | | |
|--|---|
| <input type="checkbox"/> = Hospital or Medical Center (1) | <input type="checkbox"/> = Home Health (8) |
| <input type="checkbox"/> = Nursing Home (2) | <input type="checkbox"/> = Independent Practice (9) |
| <input type="checkbox"/> = Private Duty (3) | <input type="checkbox"/> = Emergency Service (11) |
| <input type="checkbox"/> = Industrial/Occupational Nurse (4) | <input type="checkbox"/> = Ambulatory or Outpatient Clinic (12) |
| <input type="checkbox"/> = Office Nurse (Physician or Dentist) (5) | <input type="checkbox"/> = Insurance (13) |
| <input type="checkbox"/> = Community/Public Health (6) | <input type="checkbox"/> = Hospice (14) |
| <input type="checkbox"/> = School Nurse (7) | <input type="checkbox"/> = Assisted Living/Home for the Aged (15) |
| | <input type="checkbox"/> = Other, Please Specify (10) |
-

SEE BACK PAGE FOR PERMIT APPLICATION

AFFIDAVIT

State of _____

County of _____

_____, personally appearing before me, being duly sworn says that _____
NAME OF APPLICANT he/she

is the person referred to in the foregoing application for a license to practice as a Licensed Practical Nurse in the State of Tennessee that the statements therein contained are true and that _____ has read and understands this affidavit. **I understand**

he/she
that if the processing of this application is not completed, the application becomes null and void one year from date received. I also understand that falsification of an application is grounds for denial of licensure or discipline against a license.

Legal Signature of Applicant _____

Sworn to before me this _____ day of _____, 20 _____.

Notary Public _____

SEAL

Commission Expires _____

INFORMATION

1. A nurse shall not practice nursing in the State of Tennessee unless licensed by the Tennessee Board of Nursing as a Licensed Practical Nurse or holds a multi-state license from another compact state.
2. A temporary permit for the practice of practical nursing may be issued by the Board to an applicant for licensure without examination provided that (1) preliminary review by the Board of the applicant's sworn statement as to education, nursing education and licensure shows these qualifications to be satisfactory; (2) the fee is paid; and (3) a photocopy of a current re-registration certificate (wallet size card) is submitted.
 - a. The permit may be issued one (1) time only and shall not exceed six (6) months in length.
 - b. The permit may be reduced in length or denied if the nurse has delayed application until after starting employment in Tennessee.

PERMIT APPLICATION

Have you ever been issued a temporary permit to practice nursing in Tennessee? ☐ Yes ☐ No

☐ By Examination

☐ By Endorsement

I _____, an applicant for licensure by endorsement and holder
NAME

of current renewal certificate number _____ in the State of _____, request a permit for use during the time my endorsement application is being processed. The name and address where this permit will be used is:

Name of Agency or Institution (if known) _____

Address _____
(Number) (Street)

(City) (State) (TN)

Signature _____
(First) (Middle) (Maiden) (Last)

FOR OFFICE USE ONLY

NAME _____

PERMIT NO. _____ DATE ISSUED _____ DATE EXPIRED _____

LICENSE NO. _____ DATE ISSUED _____

SH/G5037219



Tennessee Department of Health
Health Related Boards
Tennessee Board of Nursing
First Floor, Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37247-1010

REQUEST FOR VERIFICATION OF LICENSE

APPLICANT: Complete the top part of this page and forward it to the state in which you were ORIGINALLY licensed.

NAME: _____
(last) (first) (middle) (maiden)

NAME WHEN ORIGINALLY LICENSED: _____
(last) (first) (middle) (maiden)

ADDRESS: _____
(street) (city) (state) (zip)

NURSING EDUCATION PROGRAM COMPLETED: _____

ORIGINAL LICENSE NUMBER: _____ ☐ R.N. ☐ L.P.N. DATE ISSUED: _____

I hereby authorize the _____ Board of Nursing to furnish to the Tennessee Board of
(state to which sending form)
Nursing the information requested below.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE-FOR LICENSING AGENCY ONLY

This is to certify that the above named was issued license number _____ to practice as a:

☐ Registered Nurse ☐ Licensed Practical Nurse on _____
(date)

Licensed by: ☐ Examination ☐ Endorsement ☐ Waiver ☐ Expiration date: _____

Current licensure status: ☐ Active ☐ Inactive ☐ Not Current

Has this license ever been encumbered in any way (revoked, suspended, surrendered, restricted, limited, placed on probation)?
Yes ☐ No ☐ If yes, please explain on reverse side.

Social Security No.: _____

STATE BOARD TEST POOL EXAMINATION

	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	NCLEX RN	NCLEX LPN
Standard Scores Series/ Form	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

Nursing education program completed: _____
(name)

Location: _____ Year of graduation _____
(city) (state)

Was nursing education program approved by Board of Nursing at time of graduation? Yes ☐ No ☐

SIGNED _____ SEAL STATE _____

TITLE _____ DATE _____

**CRIMINAL BACKGROUND CHECKS
INSTRUCTIONS FOR APPLICANTS
EFFECTIVE JUNE 1, 2006**

1. Effective June 1, 2006 applicants for **initial** licensure in Tennessee (not renewal or reinstatement) **must** obtain a criminal background check. This affects applicants for RN and LPN licensure by examination and endorsement.
2. Applicants may make their appointment online at: **IISfingerprint.com**.
 - First screen --Select a scheduling system. **Click on Tennessee.**
 - Second screen--**Choose** registration in **English or Spanish.**
 - Third screen --fingerprint reason. Click on the pop-up menu and scroll down. **Select “Bureau of Health and Licensure (TN920390Z).”**
 - Fourth screen-- **Enter zip code. Select a location. Click on location selected.**
 - Follow instructions to **register for an appointment. Click on submit.**
3. Applicants who do not have Internet access may make an appointment for the fingerprint scanning by calling **Identix toll free at (866) 226-2937**. Identix will ask for:
 - **The Originating Response Indicator [ORI] Number (TN920390Z) or**
 - **The fingerprint reason (Bureau of Health and Licensure) or**
 - **Both the ORI and fingerprint reason**
4. **Applicants who do not live in Tennessee and are not visiting Tennessee prior to licensure may contact the Board of Nursing’s administrative office toll free at (800) 778-4123, extension 25166 to obtain a fingerprint card and instructions for processing.**
5. Applicants who have not recently obtained a criminal background check must contact **Identix** Identification Services to make an appointment for the scanning of his/her fingerprints. **The fee is \$56.00 and is paid directly to Identix.**
6. If both a nationwide and statewide criminal background check has been conducted within the past six months, the Applicant may have it submitted directly from the criminal background check provider to the Board’s administrative office for consideration of fulfillment of this requirement:

Tennessee Board of Nursing
First Floor, Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37247-1010

The Board shall determine if this criminal background check is equivalent to the criminal background checks provided by Tennessee’s approved vendor. If the Board determines it is not equivalent and therefore not acceptable, an Identix background check will be required before the licensure application can be processed.